



REQUEST FOR ADVANCE OR REIMBURSEMENT

TYPE OF REQUEST AND REQUEST PERIOD			
Type of Payment Requested:	Advance <input type="checkbox"/> Reimbursement <input type="checkbox"/>	Partial <input type="checkbox"/> Final <input type="checkbox"/>	Payment Request Number
Period Covered by this Request:	From (month/day/year)	To (month/day/year)	Federal Grant Number:
RECIPIENT INFORMATION			
<p>Name of Recipient Organization:</p> <p>Address:</p> <p>Name and Title of Contact person:</p> 			
AMOUNT OF REQUEST			
Amount:	\$		
Comments/Explanation:			
RECIPIENT CERTIFICATION			
<p><i>I certify that to the best of my knowledge and belief the data on this request are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.</i></p>			
Recipient Signature:		Date:	
Typed or Printed Name and Title of Recipient:		Tel. Email	
PROJECT OFFICER CERTIFICATION			
<p><i>I certify that the payment requested is for the appropriate purpose and is in accordance with the agreement.</i></p>			
Project Officer Signature:		Date:	
Typed or Printed Name of Project Officer:			